Park View Care Center 163843200/86003
NPI: 1346238094 Page: 1

NOTICE OF FINAL PAYMENT RATES EFFECTIVE January 1, 2026

The Minnesota Department of Human Services has reviewed the Cost Report, required documentation, and other supporting information supplied on behalf of the facility in determining the total payment rate. Specific sections of the rate notice are accompanied by a narrative.

A P P E A L S

An Appeal must meet the following requirement

1. A written Notice of Appeal from the Provider must be received by the Commissioner of Human Services or postmarked within 60 days of the publication date printed on the rate notice.
2. The Notice Of Appeal must identify each disputed item and specify for each item:
- The reason for the dispute
- The total dollar amount in dispute for each separate disallowance, allocation, or adjustment of a cost item or part of a cost item
- The computation the Provider believes is correct, and
- The authority in Statute or Rule upon which the Provider relies.
3. The Notice Of Appeal must include the name and address of the person or firm with whom contacts may be made regarding the Appeal.

Appeals should include the Provider Identification Number. Each separate dispute should be numbered. Each appealed adjustment should be identified by cost report line number.

Appeals should be addressed to:

Minnesota Department of Human Services Appeals Division
Attn: Provider Nursing Facility Rate Appeal
P.O. Box 64941
St. Paul, MN 55164-0941

If you have any policy questions please contact the Policy Center at 651-431-2282. To speak with an auditor or to request copies of work papers call 651-431-4339.
For TDD, contact Minnesota Relay Service at 1-800-627-3529.

RUGS IV Class	9/30/2024 Resident Days	RUGS IV Weight	RUGS IV Standardized Days	Medicaid Days	RUGS IV Medicaid Standardized Days
ES3	0	3.00	0.00	0	0.00
ES2	0	2.23	0.00	0	0.00
ES1	0	2.22	0.00	0	0.00
RAE	310	1.65	511.50	29	47.85
RAD	3,178	1.58	5,021.24	208	328.64
RAC	2,714	1.36	3,691.04	140	190.40
RAB	1,733	1.10	1,906.30	48	52.80
RAA	200	0.82	164.00	7	5.74
HE2	0	1.88	0.00	0	0.00
HE1	336	1.47	493.92	6	8.82
HD2	53	1.69	89.57	0	0.00
HD1	485	1.33	645.05	155	206.15
HC2	45	1.57	70.65	0	0.00
HC1	109	1.23	134.07	74	91.02
HB2	24	1.55	37.20	0	0.00
HB1	704	1.22	858.88	329	401.38
LE2	0	1.61	0.00	0	0.00
LE1	530	1.26	667.80	250	315.00
LD2	0	1.54	0.00	0	0.00
LD1	290	1.21	350.90	166	200.86
LC2	0	1.30	0.00	0	0.00
LC1	371	1.02	378.42	62	63.24
LB2	0	1.21	0.00	0	0.00
LB1	100	0.95	95.00	26	24.70
CE2	123	1.39	170.97	0	0.00
CE1	742	1.25	927.50	381	476.25
CD2	48	1.29	61.92	33	42.57
CD1	889	1.15	1,022.35	489	562.35
CC2	0	1.08	0.00	0	0.00
CC1	362	0.96	347.52	136	130.56
CB2	0	0.95	0.00	0	0.00
CB1	155	0.85	131.75	77	65.45
CA2	102	0.73	74.46	0	0.00
CA1	257	0.65	167.05	88	57.20
BB2	0	0.81	0.00	0	0.00
BB1	895	0.75	671.25	667	500.25
BA2	0	0.58	0.00	0	0.00
BA1	265	0.53	140.45	190	100.70
PE2	0	1.25	0.00	0	0.00
PE1	3,515	1.17	4,112.55	970	1,134.90
PD2	0	1.15	0.00	0	0.00
PD1	4,980	1.06	5,278.80	2,555	2,708.30
PC2	0	0.91	0.00	0	0.00
PC1	5,228	0.85	4,443.80	2,750	2,337.50
PB2	0	0.70	0.00	0	0.00
PB1	634	0.65	412.10	453	294.45
PA2	0	0.49	0.00	0	0.00
PA1	1,170	0.45	526.50	851	382.95
AAA	0	0.45	0.00	0	0.00
DDF	459	1.00	459.00	0	0.00
	31,006		34,063.51	11,140	10,730.03

PDPM Class	9/30/2024 Resident Days	PDPM Weight	PDPM Standardized Days	Medicaid Days	PDPM Medicaid Standardized Days
ES3	0	3.84	0.00	0	0.00
ES2	0	2.90	0.00	0	0.00
ES1	0	2.77	0.00	0	0.00
HDE2	0	2.27	0.00	0	0.00
HDE1	561	1.88	1,054.68	11	20.68
HBC2	45	2.12	95.40	0	0.00
HBC1	2,036	1.76	3,583.36	671	1,180.96
LDE2	97	1.97	191.09	0	0.00
LDE1	736	1.64	1,207.04	300	492.00
LBC2	49	1.63	79.87	0	0.00
LBC1	2,022	1.35	2,729.70	348	469.80
CDE2	49	1.77	86.73	0	0.00
CDE1	1,058	1.53	1,618.74	427	653.31
CBC2	329	1.47	483.63	0	0.00
CA2	47	1.03	48.41	0	0.00
CBC1	3,980	1.27	5,054.60	1,050	1,333.50
CA1	290	0.89	258.10	39	34.71
BAB2	0	0.98	0.00	0	0.00
BAB1	1,518	0.94	1,426.92	1,111	1,044.34
PDE2	0	1.48	0.00	0	0.00
PDE1	4,561	1.39	6,339.79	1,111	1,544.29
PBC2	0	1.15	0.00	0	0.00
PA2	0	0.67	0.00	0	0.00
PBC1	12,000	1.07	12,840.00	5,137	5,496.59
PA1	1,255	0.62	778.10	931	577.22
DDF	373	1.00	373.00	4	4.00
AAA	0	0.62	0.00	0	0.00
	31,006		38,249.16	11,140	12,851.40

Care-Related per diem				
Allowed Direct Care costs	6,278,208		Your 1/1/2025 Direct Care Rate	184.64
Standardized Days	34,063.51		Lesser of CPI-U or 4%	3.22%
Direct Care cost per diem		184.31	Direct Care Rate Limit	190.59
Allowed Other Care Related costs	1,188,772		Your 1/1/2025 Other Care Related Rate	33.54
Resident Days	31,006		Lesser of CPI-U or 4%	3.22%
Other Care Related cost per diem		38.34	Direct Care CPI-U Rate Limit	34.62
Care-Related cost per diem		222.65		
Care-Related per diem Quality Based limit				
Median	219.08		Quality Based DC Rate Limit	250.25
Quality Score	86.43		Quality Based OCR Rate Limit	52.06
Care Related Limit	302.31			302.31
Care-Related payment rates			Care-Related per diem limits	
Direct Care per diem	184.31		Direct Care per diem limit	190.59
Other Care-Related per diem	34.62		Other Care-Related per diem Limit	34.62
Care-Related per diem	218.93		Care-Related per diem limit	225.21

Care-Related per diem

Allowed Direct Care costs	6,278,208	
Standardized Days	38,249.16	
Direct Care cost per diem		164.14
Allowed Other Care Related costs	1,188,772	
Resident Days	31,006	
Other Care Related cost per diem		38.34
Care-Related cost per diem		202.48

Your 10/1/2025 Direct Care Rate	161.07
Lesser of CPI-U or 4%	3.22%
Direct Care Rate Limit	166.26
Your 10/1/2025 Other Care Rate	33.54
Lesser of CPI-U or 4%	3.22%
Other Care Related Rate Limit	34.62

Care-Related per diem limit

Median	178.65
Quality Score	86.43
Care Related Limit	246.52

Quality Based DC Rate Limit	199.84
Quality Based OCR Rate Limit	46.68
	246.52

Care-Related payment rates

Direct Care per diem	164.14
Other Care-Related per diem	34.62
Care-Related per diem	198.76

Care-Related per diem limit

Direct Care per diem	166.26
Related per diem	34.62
Care-Related per diem	200.88

Other Operating Price

Allowed Other Operating costs	3,564,757	
Resident Days	31,006	
Other Operating per diem		114.97
Median		107.68
105% of the median		105%
Other Oper price		113.06
01/01/25 Other Operating Payment rate		107.88
Lesser of CPI-U or 4%		3.22%
Limited Other Operating price		111.35
Other Operating price for all facilities		111.35

Operating Rate Summary

Care-Related per diem	198.76
Other Operating per diem	111.35
Operating per diem (at 1.00)	310.11

	Direct Care	Weight	Weighted Direct Care	Other Care Related	Other Operating	1/1/26 Operating Rates
ES3	164.14	3.84	630.30	34.62	111.35	776.27
ES2	164.14	2.90	476.01	34.62	111.35	621.98
ES1	164.14	2.77	454.67	34.62	111.35	600.64
HDE2	164.14	2.27	372.60	34.62	111.35	518.57
HDE1	164.14	1.88	308.58	34.62	111.35	454.55
HBC2	164.14	2.12	347.98	34.62	111.35	493.95
HBC1	164.14	1.76	288.89	34.62	111.35	434.86
LDE2	164.14	1.97	323.36	34.62	111.35	469.33
LDE1	164.14	1.64	269.19	34.62	111.35	415.16
LBC2	164.14	1.63	267.55	34.62	111.35	413.52
LBC1	164.14	1.35	221.59	34.62	111.35	367.56
CDE2	164.14	1.77	290.53	34.62	111.35	436.50
CDE1	164.14	1.53	251.13	34.62	111.35	397.10
CBC2	164.14	1.47	241.29	34.62	111.35	387.26
CA2	164.14	1.03	169.06	34.62	111.35	315.03
CBC1	164.14	1.27	208.46	34.62	111.35	354.43
CA1	164.14	0.89	146.08	34.62	111.35	292.05
BAB2	164.14	0.98	160.86	34.62	111.35	306.83
BAB1	164.14	0.94	154.29	34.62	111.35	300.26
PDE2	164.14	1.48	242.93	34.62	111.35	388.90
PDE1	164.14	1.39	228.15	34.62	111.35	374.12
PBC2	164.14	1.15	188.76	34.62	111.35	334.73
PA2	164.14	0.67	109.97	34.62	111.35	255.94
PBC1	164.14	1.07	175.63	34.62	111.35	321.60
PA1	164.14	0.62	101.77	34.62	111.35	247.74
DDF	164.14	1.00	164.14	34.62	111.35	310.11
AAA	164.14	0.62	101.77	34.62	111.35	247.74

Phase in Adjustment Calculation	RUGS IV	PDPM	
Medicaid Days			
Resident Days (Annual)	11140	11140	
Standardized Days (Annual)	10730.03	12851.4	
Medicaid Case mix Index	0.96	1.15	
Direct Care Rate	184.31	164.14	
Medicaid Casemix index	0.96	1.15	
Medicaid Casemix adjusted Direct Care	177.53	189.36	
Phase - in percentage	0.75	0.25	
Phase - in amounts	133.15	47.34	
Blended Medicaid Casemix adjusted Direct Care Rate			180.48
Less PDPM Medicaid Casemix adjusted Direct Care Rate			-189.36
PDPM Phase-in Adjustment			-8.87

Surcharge		
Percent of beds licensed as NF	100%	
Base surcharge rate	8.86	
Allowed surcharge rate		8.86
Other Fees		
Allowed MDH license fees	10,303	
Allowed scholarship costs	108,448	
Allowed health insurance	482,551	
Allowed real estate taxes or payments in lieu of	0	
Allowed special assessments	0	
Allowed PERA costs	0	
Subtotal	601,302	
Resident days	31,006	
Per diem amount		19.39
Performance Incentive Payment Program (PIPP)		-1.00
Quality Improvement Incentive Payment (QIIP)		3.50
Previous planned closure rate adjustments		1.44
Previous equity incentives		0.19
Previous single-bed incentives		0.00
Family and resident advisory council costs		0.01
External fixed rate		32.39
Property Rate		
Property rate from prior year	24.05	
Subtotal		24.05
Property inflation rate		.000%
01/01/2026 property rate		24.05

	1/1/26 Operating Rate	Property Rate	External Fixed Rate	PDPM Phase-In Adj	163843200 1/1/26 Total Rate	163843200 01/01/26 Total Rate*	163843200 10/01/26 Total Rate*	163843200 12/01/26 Total Rate*
ES3	776.27	24.05	32.39	-8.87	839.27	839.27	829.11	828.92
ES2	621.98	24.05	32.39	-8.87	684.98	684.98	674.82	674.63
ES1	600.64	24.05	32.39	-8.87	663.64	663.64	653.48	653.29
HDE2	518.57	24.05	32.39	-8.87	581.57	581.57	571.41	571.22
HDE1	454.55	24.05	32.39	-8.87	517.55	517.55	507.39	507.20
HBC2	493.95	24.05	32.39	-8.87	556.95	556.95	546.79	546.60
HBC1	434.86	24.05	32.39	-8.87	497.86	497.86	487.70	487.51
LDE2	469.33	24.05	32.39	-8.87	532.33	532.33	522.17	521.98
LDE1	415.16	24.05	32.39	-8.87	478.16	478.16	468.00	467.81
LBC2	413.52	24.05	32.39	-8.87	476.52	476.52	466.36	466.17
LBC1	367.56	24.05	32.39	-8.87	430.56	430.56	420.40	420.21
CDE2	436.50	24.05	32.39	-8.87	499.50	499.50	489.34	489.15
CDE1	397.10	24.05	32.39	-8.87	460.10	460.10	449.94	449.75
CBC2	387.26	24.05	32.39	-8.87	450.26	450.26	440.10	439.91
CA2	315.03	24.05	32.39	-8.87	378.03	378.03	367.87	367.68
CBC1	354.43	24.05	32.39	-8.87	417.43	417.43	407.27	407.08
CA1	292.05	24.05	32.39	-8.87	355.05	355.05	344.89	344.70
BAB2	306.83	24.05	32.39	-8.87	369.83	369.83	359.67	359.48
BAB1	300.26	24.05	32.39	-8.87	363.26	363.26	353.10	352.91
PDE2	388.90	24.05	32.39	-8.87	451.90	451.90	441.74	441.55
PDE1	374.12	24.05	32.39	-8.87	437.12	437.12	426.96	426.77
PBC2	334.73	24.05	32.39	-8.87	397.73	397.73	387.57	387.38
PA2	255.94	24.05	32.39	-8.87	318.94	318.94	308.78	308.59
PBC1	321.60	24.05	32.39	-8.87	384.60	384.60	374.44	374.25
PA1	247.74	24.05	32.39	-8.87	310.74	310.74	300.58	300.39
DDF	310.11	24.05	32.39	-8.87	373.11	373.11	362.95	362.76
AAA	247.74	24.05	32.39	-8.87	310.74	310.74	300.58	300.39
Max additional charge for private pay in single rooms								N/A

Adjustments To Rate

* 01/01/2026 $5.27
256R.495 WSB adjustment
* 01/01/2026 $10.16
Temp Surcharge Increase
* 10/01/2026 -10.16
End Surcharge Increase
* 12/01/2026 $-.19
Equity Incentive Removal

'N/A' - Law does not limit the price the facility may set for private paying residents for single-bed rooms as long as it is at least equal to what Medicaid pays for a medically necessary private room - currently this amount is 11.5% of an individual`s MN PDPM rate. Facilities choosing to charge a lower amount to private pay residents in a single-bed room than 11.5% of their PDPM rate, must notify DHS because the Medicaid payments for medically necessary single-bed rooms cannot exceed the facility`s usual and customary charges to the private pay residents. Please submit notification to: greg.leahy@state.mn.us